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DEPARTMENT OF HEALTH FOR SCOTLAND
SCOTTISH HEALTH SERVICES COUNCIL

The Organisation of Laboratory Services

Report by a Committee appointed by the Council

EDINBURGH
HER MAJESTY'S STATIONERY OFFICE
1958
ONE SHILLING NET

MEMBERSHIP OF THE COMMITTEE

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REMIT

"To review the organisation adopted in Scotland for the provision of laboratory services, having regard to the needs of hospitals, local health authorities and general practitioners, and to advise whether any modifications are desirable to secure the provision of an efficient service in Scotland as a whole."

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The Organisation of Laboratory Services

I. Introduction

Appointment of the committee

1. We were appointed at the meeting of the Health Services Council held on 18th April, 1956, and given the following terms of reference:

> " To review the organisation adopted in Scotland for the provision of laboratory services, having regard to the needs of hospitals, local health authorities and general practitioners, and to advise whether any modifications are desirable to secure the provision of an efficient service in Scotland as a whole."

Scope of the report

2. It was made clear at the meeting of the Council at which we were appointed that our terms of reference were intended to limit our task to the consideration of questions affecting the structure and administration of the laboratory service, and that we were not to deal with technical questions or questions relating to the adequacy of individual laboratories. We had at first considered that it might be possible for us, in addition to dealing with questions of national and regional organisation, to reach useful conclusions as to the patterns which the local provision of laboratory services should follow; but it became clear in the course of our deliberations that each locality had different circumstances and problems and consequently that no such patterns could usefully be laid down. Our report is therefore confined to the broader aspects of structure and administration and does not seek to establish what the local pattern of laboratory services should be: nor does it seek to lay down the scale on which laboratory facilities should be provided.

Procedure

3. We invited written evidence from a large number of organisations, and we wish to thank those listed in Appendix A for the evidence they submitted in response to our invitations. We met fourteen times to hear oral evidence and for discussion. We wish to thank the organisations and individuals listed in Appendix B for meeting us and putting their views before us. To obtain background information certain members visited some of the laboratories in the Western Region and we wish to thank those who received us for their help and co-operation.

4. Factual information about central arrangements for the administration of laboratory services was supplied to us by the Department of Health, and memoranda describing the existing laboratory services and administrative arrangements in the five regions by the Regional Hospital Boards. We obtained factual information about the organisation of the laboratory services in England and Wales from the Ministry of Health, and in discussion with the Director of the Public Health Laboratory Service.

Plan of the report

5. The report first briefly describes the existing laboratory services and the arrangements under which they are administered and financed. We then deal with the question whether the integrated public health and hospital laboratory service has proved successful in practice. Thereafter, having dealt with that question, we discuss what we found to be the main criticisms of the present

service, and put forward our proposals for its future administration and for the setting up of advisory bodies to advise and assist the Secretary of State and the Regional Boards in this field. Lastly we deal with several miscellaneous points on the running of the laboratory service brought to our attention by our witnesses.

II. Existing Laboratory Services and Administrative Structure

General

6. The laboratory services in Scotland are run as part of the hospital and specialist services established under section 3 of the National Health Service (Scotland) Act, 1947, and administered by Regional Hospital Boards. There is in Scotland no separate Public Health Laboratory Service for bacteriology as in England: bacteriological work is mainly done in hospital laboratories. There are altogether 57 laboratories provided by the Regional Boards. In addition, four of the Regional Boards have contractual arrangements with university departments of laboratory medicine, and there is also a public health laboratory run by the Corporation of Glasgow which undertakes a great deal of work, mainly in bacteriology, in part independently and in part on an agency basis for the Regional Hospital Board.

7. Under delegation schemes made by the Regional Boards the Boards of Management exercise certain functions on their behalf. Regional Boards are themselves responsible for the provision, organisation, planning and integration of the laboratory services in their regions and for the appointment of senior medical staff. Except in the Northern and North-Eastern Regions, where the Regional Boards have retained more detailed control of the laboratory service, Boards of Management are responsible for the appointment of junior medical and scientific staff and technical staff and for the day-to-day administration of the laboratory services, including the maintenance of premises.

Use by local health authorities and general practitioners

8. The laboratory service is considered as an integrated service available to all branches of the Health Services. Local health authorities make use, free of charge, of the whole range of laboratory services provided by Regional Boards; the great bulk of their requirements is bacteriological, though there is an increasing need for haematological work arising from ante-natal clinics. It is the intention that laboratory services should also be available to general practitioners who wish to make use of them, but in some areas this intention is not realised in practice. The demand by general practitioners for laboratory services varies very much from area to area. It was stated that at some hospitals the facilities available to general practitioners were limited because the laboratories were overloaded with other work; sometimes the difficulty of transporting specimens over long distances to the laboratory materially affects the service that can be offered. Such statistics as are available to indicate the size of the demand by general practitioners show wide variations between areas: but even where the general practitioners make the greatest use of the service the amount of work on their behalf is a small part of the laboratory's work, in almost all cases being well below 10%, though the trend is for the demand to rise.

Advisory committees

9. In 1948 the Joint Committee on Laboratory Services was established, with the following remit:

> " To advise and assist the Regional Hospital Boards in Scotland in the development of the laboratory services provided as part of the

National Health Service, with special regard to the need for inter-regional planning and co-ordination."

This Committee consists of laboratory consultants nominated by the five Regional Boards and the four Universities, together with a Chairman.

10. Most of the Regional Boards have obtained advice on regional matters from advisory committees of one kind or another, usually comprising Regional Board members and co-opted members representing the laboratory interests. In some cases these committees have not met for a number of years. In the Western Region there are, for laboratory purposes, four sectors based on four main teaching hospitals. The senior laboratory consultants at these hospitals act as sectoral consultants to their sectors; they meet regularly to discuss the general laboratory problems of the region and advise the Regional Board both on matters of policy and of detail through the Board's Laboratory Services Sub-Committee.

Financial arrangements

11. *Running costs—before* 1957-58. Until the current year money to meet laboratory running costs was allocated by the Department of Health to Regional Boards separately from the money to meet other hospital running costs. Each Regional Board then sub-allocated this laboratory money to the Boards of Management who ran laboratories, and they were expected to keep within their allotments. Each year a small additional sum was made available to meet the running cost of expansions of the laboratory service (extra staff, new laboratories, etc.), this " development money " being allocated between regions by the Department of Health and between Boards of Management by the Regional Boards.

12. *Running costs*—1957-58. For the current financial year (1957-58) no separate allocation has been made by the Department of Health for laboratory services: the allocation for this purpose has been included in the general allocation of funds to meet hospital running costs. Under these arrangements each Regional Board has been free to increase or decrease the proportion of their total allocation which they apply to laboratory services, or to leave the decision to Boards of Management by following the Department's example and not defining a specific allocation for laboratory purposes. The Western and North-Eastern Regional Boards this year have not identified laboratory allocations, but have given Boards of Management with laboratories allocations to meet hospital running costs which include unidentified sums for laboratory running costs. The South-Eastern and Eastern Regional Boards, on the other hand, have continued as in previous years to make separate allocations for laboratory services. As the Northern Regional Board finance their laboratory services directly they have for their own purposes defined a laboratory allocation.

13. *Capital expenditure.* No separate capital allocation is made for laboratory projects by the Department: capital expenditure on laboratories is met from the Regional Boards' ordinary capital allocations. Capital expenditure includes expenditure on furnishings and equipment for building schemes as well as on the buildings themselves. All capital building schemes of any size have to be approved in detail by the Regional Boards, and, in the case of schemes costing over £30,000, by the Department of Health.

14. *Agency laboratories.* Financial arrangements with agency laboratories are negotiated by the Regional Boards.

Administrative differences between regions

15. In the Western, South-Eastern and Eastern Regions the Regional Boards have delegated the running of laboratories to Boards of Management in the

same way as the running of the hospital and specialist services is delegated. In the Western Region the laboratories at Glasgow Royal Infirmary and Glasgow Western Infirmary are joint university and hospital laboratories. In the South-Eastern Region the Regional Board have agency arrangements with Edinburgh University who provide laboratory services in the Departments of Bacteriology, Pathology and Biochemistry. In the Eastern Region the University laboratories serve the Dundee area and act as a reference laboratory for the region, and there are only four hospital laboratories provided by the Regional Board.

16. In the North-Eastern Region the laboratory services for the main teaching hospitals in Aberdeen are provided by the University on an agency basis. Laboratory services for the other hospitals in the region and for general practitioners and local authorities are provided in effect as a regional service by a single hospital laboratory. The Regional Board are responsible for all medical and senior scientific appointments, and for controlling the laboratory's establishment: they have always taken a special interest in the laboratory's affairs because of its regional importance. The Board of Management are responsible for all other appointments and for maintenance, services, the purchase of supplies, etc. In the Northern Region the main laboratory services are concentrated in two hospital laboratories in Inverness which serve the whole region, and for which the Regional Board are responsible in detail, the Board of Management being responsible only for day-to-day services like cleaning and heating.

III. Public Health Laboratory Work

17. One of the main questions we were required to consider was whether the 1948 decision to link public health laboratories with hospital laboratories in an integrated service had proved successful in practice.

18. In four of the five regions the Regional Boards, with the assistance of the Universities, provide an integrated service, that is, a service in all specialties available to meet the needs of hospitals, local health authorities, and general practitioners alike. The only two exceptions to the fully integrated service are in the Western Region. There is a separate public health laboratory provided by the Corporation of Glasgow within the municipal buildings, and there is also one other non-hospital laboratory at Hamilton provided by the Regional Board and devoted mainly to public health work.

19. In England and Wales almost all public health laboratory work is done in the laboratories of the Public Health Laboratory Service, which is quite independent of the hospital service though most of its laboratories are located at hospitals. We have found the evidence given to us by Dr. G. S. Wilson, Director of the Public Health Laboratory Service, and by representatives of Glasgow Corporation, of particular interest, for they have experience of a separate service for public health work.

20. The main argument put to us against an integrated service which we consider of weight is that the public health bacteriologist and hospital bacteriologist have radically different interests in and attitudes to epidemic disease. The hospital bacteriologist's primary concern is the diagnosis and treatment of the individual patient. The public health bacteriologist is concerned to trace the disease to its source and to prevent its spread. A related point made was that if bacteriological examinations for public health purposes are carried out in a hospital laboratory they may not always be given due priority against the competing claims of examinations for hospital purposes, which are of immediate concern in connection with the treatment of patients. Particular emphasis was paid on the need for good liaison between the Medical Officer of Health and

the laboratory specialist and for laboratory facilities to be instantly available for the examination of specimens in cases of suspected infectious disease, where results had to be obtained quickly if the spread of infection was to be checked. Evidence on behalf of Glasgow Corporation emphasised the advantages to the Medical Officer of Health of having a laboratory under his own control.

21. We recognise there is force in these arguments. But all the evidence we received was to the effect that the integrated service was working satisfactorily in practice and should be continued, apart from the evidence of Dr. Wilson, who preferred to express no opinion on this specific point, and of the witnesses on behalf of Glasgow Corporation and one other. In the four regions where the service is wholly integrated, and in the Western Region outside Glasgow, there was only one difficulty said to be occasionally found in practice that was in part attributed to integration. This was a relatively small point concerning the passing of laboratory reports to Medical Officers of Health to which we refer again in paragraphs 28 and 54. We are entirely satisfied that nothing in the evidence we have received would justify us in proposing that a system of separate public health laboratories should be established now in Scotland. We find the integrated service has proved successful in practice, and we recommend it should be continued.

22. We do not think a half-way house between a fully integrated service and fully separate services is practicable, and we consider it will become increasingly difficult for the two separate public health laboratories in the Western Region to maintain an adequate service. In face of the superior career attractions of the main Scottish laboratory service on the one hand, and the Public Health Laboratory Service on the other, these separate laboratories will find it increasingly hard to recruit and retain suitable staff: in the case of medical staff of the Glasgow laboratory the problem is likely to be particularly acute, since they are graded differently from doctors in Health Service laboratories and paid salaries below those paid to staff doing what we judge to be corresponding work in Health Service laboratories. With a small separate staff working in a limited field with little or no interchange with other laboratories they will in our opinion have difficulty in keeping in touch with advances made elsewhere. We regard their location away from hospital as a disadvantage. For all these reasons we suggest that the future of these laboratories should be carefully considered by the authorities concerned with a view to full integration in the main laboratory service in accordance with the general Scottish pattern. The arrangements made to carry out the work at present done by these laboratories should of course be so designed as to ensure that the interests of public health are not in any way adversely affected.

IV. Criticisms of the Present Service

23. Almost all our laboratory consultant witnesses were very strongly of the opinion that the laboratory service was inadequately provided with funds and was in consequence seriously lacking in staff, equipment and accommodation. The Joint Committee on Laboratory Services in their evidence to us stated that the resources of the laboratory services in the teaching hospitals in Scotland compared very unfavourably with those of the corresponding hospitals in England. They also stated that inadequacy of staff, equipment, and accommodation prevented the laboratory service in Scotland from giving public health authorities the quantity and quality of services provided by the Public Health Laboratory Service in England.

24. Expenditure on laboratory services in Scotland cannot be compared with corresponding expenditure in England, because the costs of the hospital

laboratories in England are not separately distinguished from other hospital costs. In consequence it is not possible to show whether there is a general difference in the level of expenditure between the two countries which would be reflected in the quantity and quality of the services available.

25. Though we are unable to give comparable English figures it is worth noting that expenditure on the laboratory service in Scotland (excluding capital expenditure and expenditure on the services of specialists) rose from £222,000 in 1950-51 to £642,000 in 1956-57: expressed as a proportion of total hospital running costs (including laboratory costs) on the same basis, laboratory costs rose from 0.97% to 1.82%, i.e., laboratory expenditure rose at almost twice as fast a rate as hospital expenditure generally. If the cost of specialist services is included in the calculation, laboratory expenditure forms a higher proportion of total costs, as specialist services represent a greater part of total laboratory costs than of total hospital costs. On this basis, for all general hospital groups in the Western Region in 1956-57 laboratory expenditure was 3.2% of total hospital running costs (including laboratory costs). This may be compared with the figure of 4.7%, which is the proportion laboratory costs were of total running costs in 1952 of 809 general hospitals in the U.S.A. reviewed by a Commission on Financing of Hospital Care sponsored by the American Hospitals Association: in making the comparison it has to be borne in mind that some of the Scottish hospital laboratories also serve general practitioners and local health authorities, a point to which the American report does not refer, and that practice varied among the hospitals covered by the American review as to the extent to which the cost of physicians' services (presumably roughly comparable to our specialist services) were included in the hospitals' expenses.

26. We regret that statistics are not available which would enable us to compare the numbers and gradings of technical staff in the two countries, or the

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Medical staff in laboratory specialties at 31*st December*, 1956

	Scotland[1]				England and Wales[2]		
	Hospital[3]	University[4]	Glasgow Corporation	Total	Hospital[3]	P.H.L.S.[3]	Total[3]
Consultants . . .	38	40	—	78	618	58	676
Senior Hospital Medical Officers . . .	22	1	—	23	170	30	200
Senior Registrars . .	17	14	—	31	76	22	98
Registrars . . .	18	1	—	19	139	10	149
Special grades . .	—	—	4	4	—	—	—
Totals .	95	56	4	155	1,003	120	1,123

(1) Includes pathology, bacteriology, biochemistry and blood transfusion (added for the purpose of comparison with the English figures) but excludes haematology where not part of pathology.

(2) Includes pathology, bacteriology, biochemistry, haematology and blood transfusion.

(3) In terms of whole-time equivalents.

(4) Includes all university medical laboratory staff with honorary specialist appointments. There are in addition a number of university staff equivalent to Senior Registrar and Registrar who do not meantime have individual honorary contracts with the Hospital Service.

quantities and kinds of equipment and accommodation available; for many of our witnesses stated that Scottish laboratories compared unfavourably with English laboratories in these respects. In the field of medical staffing statistics are available, and are given in the table on page 10. They have to be treated with reserve because of differences in the organisation of laboratory work in the two countries; in particular, the university medical laboratories play an important part in the laboratory service in Scotland but only a small part in England.

Bearing in mind that the Scottish figures include university staff who do not give all their time to Health Service work, it may be stated that these figures are equivalent to 2.31 staff per thousand hospital beds (all types) in Scotland as against 2.33 staff per thousand beds in England, and 3.02 per hundred thousand population in Scotland against 2.52 per hundred thousand in England. It will be noted that 60.2 per cent. of the staff in England as against 50.4 per cent. in Scotland are consultants.

27. The second main criticism of the service may be summed up by saying that many of those who work in it do not feel that they and the authorities responsible for providing the service are working as a team towards defined and agreed ends, nor do they feel that the authorities fully appreciate the needs of the service. It was clear from what was said by some witnesses that the lack of an agreed plan for the development of the service in each region led to needless misunderstandings and lack of co-operation, which a more positive approach to planning by Regional Boards would do much to remove. The view was expressed by several witnesses that there was inadequate liaison in laboratory matters between Regional Boards and Boards of Management and that some Boards of Management took little interest in the laboratories for which they were responsible. At the highest level we found the considered opinion of the Joint Committee on Laboratory Services to be that their views had not been taken into account by the Regional Boards whom they were appointed to advise and assist.

28. Criticisms of the present service from the public health standpoint were that in some areas the service was inadequate in certain respects, *e.g.*, for the testing of water and milk samples and that some laboratories did not as a routine pass to Medical Officers of Health copies of all positive reports potentially of epidemiological significance. It was also stated that the existing arrangements for assembling and correlating epidemiological information on an all-Scotland basis were not satisfactory; and that considerable additions to the facilities available for public health virology were needed.

29. Our main recommendations, which we develop in the next section, are intended to meet the criticisms recorded in paragraphs 27 and 28 above. As regards the criticisms recorded in paragraph 23, we do not consider it our function to make specific recommendations as to the scale on which funds should be provided for the laboratory service, but we hope that our recommendations will help to ensure that the laboratory service receives an adequate share of the funds available for the National Health Service of which it is part. The objectives of our recommendations are to ensure:

(*a*) that each Regional Board has machinery to prepare a coherent plan for the development of the laboratory service in its region, and to keep its execution under review;

(*b*) that the regional plans will be prepared in such a way as to command the widest measure of agreement among those concerned with the laboratory service;

(*c*) that the special needs of the various users of the service will be fully recognised, and that they will have an effective voice in the planning and running of the service;

(*d*) that the most favourable conditions will be created for full co-operation between the hospital authorities and those working in the service; and

(*e*) that advice on the co-ordination of the several regional plans will be readily available to the Secretary of State.

V. Proposals for the Future Administration of the Service

General

30. One of the particular questions which we have had to consider is what is the right degree of decentralisation to be adopted in the organisation and administration of the laboratory services. At the same time we have had to consider what arrangements should be adopted for planning and co-ordinating the development and administration of laboratory services on an all-Scotland basis.

31. Accepting as we do that the laboratory service should continue to be run as part of the hospital service, with its three-tiered administrative structure—Boards of Management, Regional Hospital Boards, Secretary of State—we have to consider solutions within this general framework.

32. None of our witnesses favoured a national laboratory service run by the Secretary of State or by a body specially appointed by him. A few witnesses favoured the establishment of regional services in each region, administered either directly by the Regional Board or by a " Regional Laboratory Board of Management." Some proposed regional services from which the teaching hospital laboratories would be excluded. A few witnesses considered no change at all should be made in the existing arrangements. The largest body of opinion was in favour of a service more or less on the existing basis, with fuller exercise of the Regional Board's functions.

33. There is in our view a considerable case for establishing the laboratory service as a regional service administered directly by the Regional Board. Planning and control of development on a regional basis would be greatly facilitated. The special capacities of individual laboratories could be more economically used. Membership of a regional service would link the specialists in the peripheral hospitals more closely with their colleagues at the centre. The individual laboratory is often a small unit with a small staff: problems of staff training, the proper rotation of staff, particularly junior medical staff, and holiday and sickness relief, would all be simplified in a regional service. Laboratories very frequently serve several hospitals covering more than one Board of Management area; and laboratories give a service to Medical Officers of Health and general practitioners to an extent that no other hospital departments do. Regional Boards are better placed than Boards of Management—much occupied with the affairs of their own hospitals—to give due weight to these wider commitments.

34. Despite the force of these arguments, we consider the case for a regional service is not sufficiently strong to justify a departure in the field of laboratory administration from the general structure of the hospital service as a whole. Some of the arguments put to us can be applied equally well to other departments of the hospital; if carried to their logical conclusions these arguments would go far to destroy the concept of the hospital as an entity, and would make it little more than a collection of independently administered departments.

Board of Management and laboratory consultant witnesses left us in no doubt about the value they place on keeping the laboratory fully integrated with the hospital, and we share their views. So far as the criticisms of the existing structure which apply peculiarly to laboratories are concerned, we think certain changes short of establishing a regional service will remove the main defects. Broadly, therefore, we have concluded that there would be no advantage in departing radically from the present system of administration and allocation of responsibilities, subject to certain changes which are described below.

35. The main changes we suggest are that the Regional Hospital Boards should exercise their function of planning and directing the development of the laboratory service more actively, and that they, in their sphere, should take the initiative in these matters no less than Boards of Management. To assist Regional Boards to do this they should appoint strong advisory committees whose composition and functions we discuss below. One of the most important functions of the advisory committees should be to prepare plans for the development of the laboratory services in their regions, consulting widely with all concerned in an endeavour to ensure that the plans meet the essential needs of all interests, and subsequently to keep the plans under review and to give advice to the Regional Boards to assist them in controlling and directing laboratory developments accordingly. These changes are in our opinion in line generally with the views of the Guillebaud Committee as to the relations between Regional Boards and Boards of Management.

36. Apart from the appointment of regional advisory committees, the changes we suggest at regional level are changes of emphasis rather than of form or of formal responsibilities. Regional Boards already have all the powers they require to carry out the functions we suggest. Correspondingly, we suggest no formal withdrawal of responsibility from Boards of Management; and we are anxious that the changes we propose should in no way diminish the interest Boards of Management take in their laboratories; but Boards of Management in the larger regions must be prepared to accept a fuller exercise than in the past of regional authority in the laboratory fields to take account of matters beyond the immediate interests of their particular hospitals.

Financial arrangements

37. In paragraph 24 above we explain the impossibility under present arrangements of comparing the money available for laboratory services in Scotland and in England and we consider further study should be devoted towards obtaining such a comparison. But such evidence as we have received strongly suggests that, leaving aside perhaps the total numbers of medically-qualified staff, the laboratory service in Scotland has lagged considerably behind that of England and, bearing in mind the enormous and continuing increase in the use of laboratory methods in recent years, that it is in need of special financial support to bring it up to adequate standards.

38. We therefore recommend that, at least for a period sufficient to enable the quantity and quality of laboratory services available throughout Scotland to be brought up to an adequate level, the Department of Health should make separate allocations of revenue and capital to Regional Boards for laboratory purposes, and that Regional Boards should not have power to divert these allocations to other purposes.

39. It has been strongly suggested to us that there should be separate financial allocations fixed at national level for the laboratories at teaching hospitals. Since teaching hospitals in Scotland do not have separate allocations for general purposes we do not think separate allocations for laboratories can be considered.

40. In some regions, because laboratory technicians employed by the university receive lower salaries than hospital laboratory technicians doing the same work, the universities have had difficulty in recruiting and retaining trained technical staff. If university laboratories are to continue to do National Health Service work—as they must in the interests of teaching and research as well as of the Health Service—then they must be able to pay salaries sufficient to attract and retain adequate technical staffs. In addition it is most desirable to ensure that there are no barriers to free interchange by technicians between university and hospital employment. In one region where the university laboratories form part of the hospital buildings this problem has been solved by making all the technicians partially employed on National Health Service work hospital service employees, the university then reimbursing to the Board of Management a share of the salaries of these employees. We recommend that in cases of difficulty the Regional Boards should initiate discussions with the universities, with a view to establishing an arrangement of the kind we have described, or some other arrangement designed to remove the salary difference.

41. Clearly there are great difficulties in the way of exact accounting between the universities and the Regional Boards in respect of the work done by the university laboratories for the Boards; and we have not considered it appropriate for us to go into the exact details of the financial arrangements in each case. At the same time, the evidence suggests to us there is scope in certain cases for further consideration whether the sums at present being paid to university laboratories are properly related to the work they are asked to do.

Functions of university laboratories

42. Several of the university medical laboratory departments undertake a great deal of routine work. In our opinion it is desirable that the regional plans should be designed to ensure so far as practicable that the amount of routine work dealt with in these departments is limited to the amount needed to provide material for teaching and research.

Regional advisory committees

43. We consider that many of the difficulties which have been brought to our notice in the evidence we have received could have been avoided if there had been in existence advisory committees of the kind we propose in paragraph 35 above.

44. We recommend that each Regional Board should appoint a Regional Advisory Committee on Laboratory Services with the following membership:

Regional Board members .	3 (including at least one layman and excluding laboratory consultants)
Laboratory consultants .	6 (including consultants from teaching and non-teaching (and peripheral) hospitals, representative of all laboratory disciplines)
General practitioners . .	2
Medical Officers of Health .	2
Hospital consultants other than laboratory consultants	2 (who might be included among the three Regional Board members)

The numbers proposed are for the Western and South-Eastern Regions. In the smaller regions smaller numbers might be appropriate.

45. All members of the committee, except the Regional Board members, should be nominated by the groups they represent, though since it must be for the Regional Board in the last resort to decide by whom they are to be advised, the appointments to the committee must be made by the Board. But the Board

should take pains to ensure so far as possible that the persons they appoint are considered representative by the group from which they are drawn. The Board should obtain nominations of general practitioners from Local Medical Committees, of Medical Officers of Health from the Society of Medical Officers of Health, and of hospital consultants from the Regional Consultants and Specialists Committee. Since there is no existing organisation of laboratory consultants as a class, nominations for their places should be made by meetings of laboratory consultants arranged for the purpose. Appointments should be for a period of three years, and, except in the case of Board members, should not be renewed, unless it is impracticable to fill a vacancy otherwise. To ensure reasonable continuity from one year to the next one-third of the first appointments should be for two years, one-third for three years and one-third for four years. The Chairman should be appointed by the Board and should be one of the Board members.

46. We recommend that these regional laboratory committees should be advisory, in order to ensure that all members will have equal rights and responsibilities in respect of the committee's decisions. If the committee were an executive committee of the Regional Board only the three Board members could have a vote. In our opinion an advisory committee of the form we propose would be more effective than an executive committee in attaining the main objectives we have in view.

47. The Regional Advisory Committee's functions should be to advise the Regional Board generally on matters affecting the laboratory service, including the initiation, planning and control of developments of the service, the establishment of priorities among laboratory projects, the allocation of capital funds and funds to meet the running costs of the service, and laboratory establishments and staff gradings. One of its most important functions, as indicated in paragraph 35 above, should be to prepare a plan for the development of the service in the region, consulting widely with all interests affected to ensure that their essential needs are met, and to keep the plan under review. The committee should have special responsibility for keeping a watch on the services provided to public health authorities and general practitioners, to ensure that no avoidable difficulties are allowed to obstruct the service. We consider it very important that as a matter of routine the committee should be informed of all Regional Board decisions affecting the laboratory service, including in particular all such decisions concerning the allocation of funds. All references to the committee, apart from points raised by members, should come from or through the Regional Board, who should appoint a member of their staff as secretary.

48. We consider that the appointment of an advisory committee such as we propose will not make unnecessary the system of sectoral advisers at present operating in the Western Region, though it should materially reduce the amount of quasi-administrative work the advisers have had to do. It will be for the Western Regional Board assisted by their Advisory Committee to decide the future of their sectoral system, but we would recommend that the present arrangements should continue with a redefinition of the functions of the sectoral advisers.

National advisory committee

49. We recommend that a national advisory committee, so far as possible with similar membership to the regional advisory committees, should be appointed to take the place of the existing Joint Committee on Laboratory Services. The duty of planning and co-ordinating the administration and development of laboratory services on an all-Scotland basis rests on the Secretary of State, acting in consultation with the Regional Hospital Boards; and we consider that

it would be helpful to him in discharging this function to have the advice of a body of this kind. The existing arrangements under which the Joint Committee on Laboratory Services have in theory advised the Regional Hospital Boards have not worked well in practice, as they themselves have represented to us and to the Health Services Council.

50. We recommend that the national advisory committee on laboratory services should be a standing advisory committee constituted by order under Section 2(3) of the National Health Service (Scotland) Act, 1947, and so should be brought fully within the existing advisory structure, with the right conferred by Section 2(4) to tender advice direct to the Secretary of State. In appointing members to the committee we recommend that the Secretary of State and the Council should keep in mind the desirability of providing through common membership for adequate liaison with the regional advisory committees. We suggest that the committee should consist of about twelve members, of whom not more than two-thirds should be laboratory consultants.

Scale and pattern of laboratory provision

51. In discussion with our witnesses we attempted to discover whether there were any grounds for recommending that laboratory facilities should be concentrated at a few centres or, alternatively, widely dispersed; but in the light of these discussions we do not consider we can usefully suggest any principles by which the distribution of laboratories or the scale on which facilities should be provided can be judged. In view of the evidence we have received we strongly consider, however, that laboratories should be located at hospitals and not on separate sites of their own. We are strengthened in this view by the evidence of the Director of the English Public Health Laboratory Service, who informed us that wherever possible, the Service established its laboratories in hospital grounds, preferably in the same building as the hospital laboratory.

52. We consider that in certain circumstances laboratories under more than one Board of Management should be grouped to provide a comprehensive service jointly: under such an arrangement it will not be necessary for all the consultants to be at one centre: it may often be preferable for each consultant to be located at the most appropriate centre for his specialty, supported by junior staff in other specialties. Where laboratories serve more than one Board of Management area the Boards of Management concerned might establish a consultative committee (which need not meet frequently) to ensure adequate co-ordination of their laboratory services.

Medical physics

53. Though medical physics is not yet one of the recognised medical laboratory disciplines, we consider the special problems it presents can best be handled by bringing it within the administrative purview of the regional advisory committees.

VI. Other Recommendations

Reports of epidemiological interest

54. Some laboratory reports are of great epidemiological importance; and in some areas informal arrangements exist under which all reports of potential epidemiological significance are passed to the Medical Officer of Health. There is already a statutory obligation on doctors to notify the Medical Officer of Health of cases of certain infectious diseases. We think this principle should be extended, though preferably not on a statutory basis, so that copies of all

laboratory reports of potential epidemiological significance are sent without delay to the Medical Officer of Health at the same time as the principal report is issued to the doctor who sent in the specimen. We discussed this with many of our witnesses, and all agreed that provided the confidential nature of the reports was respected at all stages there was no objection to this course. We recommend that the Secretary of State should take steps to ensure that the laboratory service co-operates to the full in this way with Medical Officers of Health.

55. We consider that if all laboratories made arrangements to send such laboratory reports to the Medical Officer of Health this would help to some extent to meet the criticism, recorded in paragraph 28 above, that existing arrangements for correlating epidemiological information on an all-Scotland basis are not satisfactory. Medical Officers of Health at present make a weekly return to the Department of Health of notifications of infectious diseases made to them, in which the epidemiological information coming to them through laboratory reports might be included. This is not a matter we have considered in detail, however, as we think it is a problem which would be more appropriately considered by the Standing Advisory Committee on Laboratory Services which we propose should be established.

Services to general practitioners

56. General practitioners are entitled to make use of the laboratory service as of right; but in practice it is clear that in some areas the absence of facilities for the collection of specimens from general practitioners and other difficulties effectually prevent the general practitioners from exercising this right. If full and proper use is to be made of the service by general practitioners, the laboratory must go out of its way to provide specimen containers and to make adequate arrangement for the transport of specimens, and must take steps to make known the services it can offer and encourage their use. A small amount of service given in this way, by making it possible for the general practitioner himself to treat cases in which the diagnosis depends on laboratory tests, will help to reduce the load on hospital out-patient departments.

57. We recommend that Regional Boards, with the assistance of their advisory committees should take steps to ensure that container and collection services are made available in all areas, and adequately publicised among general practitioners. The cost of a container and collection service is a proper charge on Regional Board funds, and should be considered as part of the cost of laboratory services.

Rotation of junior laboratory medical staff

58. Many of our witnesses from both central and peripheral hospitals laid stress on the need to arrange in the interests of the service and of the individual for junior medical staff to have experience of service both at the central and at the peripheral hospitals. We were impressed by the evidence we received on this subject, but we recognise it is part of a wider problem affecting almost all specialties which we hope will receive attention in other quarters.

Statistics of laboratory work

59. Several of our witnesses referred to the need to establish a conventional system of assessing in terms of work-units the volume of work done in laboratories. We have found it a handicap in our work to be unable to compare one laboratory with another in terms of work done. We recommend that one of the first tasks of the proposed Standing Advisory Committee should be to devise a conventional system of assessment, as a technique for use by the regional advisory committees in the preparation of the regional plans and in other ways.

VII. Summary of Recommendations

1. The laboratory service in Scotland should continue to be run by the hospital authorities as a single integrated service undertaking work for hospitals, public health authorities and general practitioners. (Paragraph 21).

2. The future of Glasgow Corporation's Public Health Laboratory and the Bacteriological Laboratory at Hamilton should be reviewed by the authorities concerned. (Paragraph 22).

3. The existing administrative structure of the hospital laboratory service should be retained. Regional Boards should, however, exercise more actively their functions of planning and control. (Paragraphs 34 to 36).

4. Regional Boards should appoint advisory committees which should represent the interests both of those who provide and of those who use the laboratory service. The committees should advise the Regional Boards on all matters, both of policy and of detail, affecting the laboratory service. (Paragraphs 35 and 43 to 48).

5. There should be for a period of years separate allocations of revenue and capital to Regional Boards and by them to Boards of Management for laboratory services. (Paragraph 38).

6. Where necessary, Regional Boards should come to arrangements with universities for removing the difference in salary between laboratory technicians employed by the universities and those in the National Health Service. (Paragraph 40).

7. A Standing Advisory Committee constituted under Section 2(3) of the National Health Service (Scotland) Act, 1947, should be appointed to take the place of the existing Joint Committee on Laboratory Services. (Paragraphs 49 and 50).

8. Laboratories should be located at hospitals. (Paragraph 51).

9. A copy of any laboratory report of epidemiological importance should be passed on to the Medical Officer of Health at the same time as the principal is sent to the doctor concerned. (Paragraph 54).

10. The proposed Standing Advisory Committee should consider whether new arrangements should be made for the correlation of epidemiological information on an all-Scotland basis. (Paragraph 55).

11. Regional Boards should ensure that laboratory services are readily available to general practitioners, and should be responsible for providing a specimen container and collection service. (Paragraphs 56 and 57).

12. The proposed Standing Advisory Committee should devise a conventional system of assessing the volume of work done in laboratories in terms of standard work-units. (Paragraph 59).

We wish to record our thanks to the Secretary of the Committee, Mr. A. L. Rennie, for all the assistance he has given us in our deliberations and to record in particular his grasp of the problems involved and his ability in preparing drafts of this report. We also wish to thank his assistant, Miss J. M. Macgregor, for her help in the preparation of papers and in making arrangements for our meetings.

JOHN DUNLOP
Chairman
on behalf of the Committee

APPENDIX A

Bodies who submitted written evidence

REGIONAL HOSPITAL BOARDS

North-Eastern Regional Hospital Board
South-Eastern Regional Hospital Board
Western Regional Hospital Board
Eastern Regional Hospital Board

BOARDS OF MANAGEMENT

Northern Region

Inverness Hospitals
Ross (Mainland) Hospitals

North-Eastern Region

East Aberdeenshire Hospitals
Lower Banffshire Hospitals
Moray Hospitals
Orkney Hospitals
Shetland Hospitals

Eastern Region

Dundee General Hospitals
Dundee Mental Hospitals
Dundee Dental Hospital

South-Eastern Region

Royal Infirmary of Edinburgh and Associated Hospitals
Edinburgh Northern Hospitals
Edinburgh Central Hospitals
Edinburgh Royal Victoria and Associated Hospitals
Astley Ainslie, Edenhall and Associated Hospitals.
Royal Edinburgh Hospital for Mental and Nervous Disorders
East Fife Hospitals
Dingleton Mental Hospital

Western Region

Glasgow Western Hospitals
Glasgow Maternity and Women's Hospitals
Glasgow Northern Hospitals
Glasgow South-Western Hospitals
Glasgow Royal Mental Hospitals
Hawkhead Mental Hospital
Lennox Castle and Associated Institutions
Dunoon Hospitals
Northern Ayrshire Hospitals
Southern Ayrshire Hospitals
Motherwell, Hamilton and District Hospitals
Stirling and Clackmannan Hospitals

OTHER ORGANISATIONS

University of Aberdeen
University of St. Andrews
University of Edinburgh
University of Glasgow
Royal College of Physicians, Edinburgh
Royal Faculty of Physicians and Surgeons, Glasgow
British Medical Association, Scottish Committee
Society of Medical Officers of Health, Scottish Branch
Counties of Cities Association
Association of County Councils in Scotland
Corporation of Glasgow
Association of Executive Councils
Joint Committee on Laboratory Services

APPENDIX B

Organisations and individuals who gave oral evidence

REGIONAL HOSPITAL BOARDS

Northern Regional Hospital Board
North-Eastern Regional Hospital Board
Eastern Regional Hospital Board
South-Eastern Regional Hospital Board
Western Regional Hospital Board

BOARDS OF MANAGEMENT

South-Eastern Region

- Royal Infirmary of Edinburgh and Associated Hospitals
- Edinburgh Northern Hospitals
- Edinburgh Royal Victoria and Associated Hospitals
- East Fife Hospitals

Western Region

- Glasgow Western Hospitals
- Glasgow Royal Infirmary and Associated Hospitals
- Glasgow Northern Hospitals
- Dumfries and Galloway Hospitals
- Motherwell, Hamilton and District Hospitals
- Paisley and District Hospitals
- Greenock and District Hospitals
- Stirling and Clackmannan Hospitals

OTHER ORGANISATIONS AND INDIVIDUALS

University of Aberdeen
University of St. Andrews
University of Edinburgh
Royal College of Physicians, Edinburgh
Royal Faculty of Physicians and Surgeons, Glasgow
Joint Committee on Laboratory Services
British Medical Association, Scottish Committee
Society of Medical Officers of Health, Scottish Branch
Counties of Cities Association
Association of County Councils
Corporation of Glasgow
Senior Sectoral Consultants Committee, Western Regional Hospital Board
Director of Regional Physics Department, Western Region
Director of Public Health Laboratory Service.

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